SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-L	_abor Party	
Full Name (Last, First, Middle Initial) Kathleen Peterson Mailing Address 222 2nd St SE Apt 901 City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Robins Kaplan Miller and Ciresi Receipt For: 2011 Primary Other (specify) Ell Name (Last, First, Middle Initial)	State Zip Code MN 55414-5140 C Occupation Attorney Aggregate Year-to-Date ▼ 1000.00	Date of Receipt O7 11 2011 Transaction ID: C7494298 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Kathleen Peterson Mailing Address 222 2nd St SE Apt 901 City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Robins Kaplan Miller and Ciresi Receipt For: 2011 Primary General Other (specify)	State Zip Code MN 55414-5140 C Occupation Attorney Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 07 11 2011 Transaction ID: C7494300 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mary Pohl Mailing Address 806 Linwood Ave Apt #1 City St.Paul FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: 2010 Primary Other (specify)	State Zip Code MN 55105 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 07
SUBTOTAL of Receipts This Page (optional))	1050.00
TOTAL This Period (last page this line number of	only)	